



# WATSONVILLE PUBLIC LIBRARY LIBRARY CARD APPLICATION

Valid Picture ID and proof of residence is required

Please print

Name \_\_\_\_\_  
Last First Middle Name

Mailing Address \_\_\_\_\_  
# Street / P.O. Box Apt/unit/room  
City State Zip code County

Phone ( ) \_\_\_\_\_ - \_\_\_\_\_ Cellphone ( ) \_\_\_\_\_ - \_\_\_\_\_

Birth Date \_\_\_\_\_ Gender: Male Female Decline to State / Other  
(Please circle)

Home Address \_\_\_\_\_  
(if different from above) Street Apt/Unit/Room  
City State Zip Code County

E-mail Address \_\_\_\_\_

Sign me up for

Internet access  Library Newsletter

For **Children under 12**: a parent or legal guardian must be present to sign the Internet agreement form.

I accept responsibility for all items checked out on my card and agree to pay for any items lost or damaged, fees and fines. I agree to report a lost or stolen card immediately, to inform the library of any changes to my contact information; follow all Library policies and Rules of Conduct.

➔ Signature \_\_\_\_\_

**FOR APPLICANTS BETWEEN THE AGES OF 4 – 17 YEARS OLD**

Library policy provides equal access to materials and resources, including the Internet, to people of all ages. It is the parent's responsibility to monitor the selection and use of library materials and resources.

**Parent or guardian, is responsible for all items checked out on their child's card and agree to pay for lost or damaged materials, fines and fees.**

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_

Staff Use Only:

Barcode # \_\_\_\_\_ Date/Initials \_\_\_\_\_

